

AMWINSTM

BROKERAGE

Amwins Insurance Brokerage, LLC
3630 Peachtree Rd. NE
Suite 1700
Atlanta, GA 30326

amwins.com

May 23, 2022

Kathleen Brinich
Housing Insurance Services, Inc.
189 Commerce Court
Cheshire, CT 06410-0189

RE: Parma Public Housing Agency

CONTRACTORS POLLUTION LIABILITY QUOTATION

Dear Kathleen:

Please find the attached quotation for Parma Public Housing Agency. Here is a summary of the terms and conditions:

INSURED: Parma Public Housing Agency
MAILING ADDRESS: 1440 Rockside Rd, Suite 306
PARMA, OH 44134-0
CARRIER: Allied World Surplus Lines Insurance Company (Non-Admitted)
PROPOSED POLICY PERIOD: From 7/1/2022 to 7/1/2023
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$4,682.00
	TRIA	\$47.00
	Fees	\$350.00
	Total	\$5,079.00

TRIA FORMS: Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 15.000% of premium excluding fees and taxes

- 47.00
5032.00

SURPLUS LINES TAX SUMMARY

HOME STATE: Ohio

FEES:



Fee	Amount
Amwins Service Fee	\$200.00
Market Policy Fee	\$150.00
Total Fees	\$350.00

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Chris Stuhlweissenburg
 Assistant Vice President | Amwins Insurance Brokerage, LLC
 T 845.664.4359 | chris.stuhlweissenburg@amwins.com
 3630 Peachtree Rd. NE | Suite 1700 | Atlanta, GA 30326 | amwins.com

In California: Amwins Brokerage Insurance Services | License 0F19710

SURPLUS LINES DISCLOSURE

Ohio

The insurance hereby evidenced is written by an approved nonlicensed insurer in the State of Ohio and is not covered in case of insolvency by the Ohio Insurance Guaranty Association.

INSURANCE PROPOSAL
Proposal Date: 05/23/2022
Applicant: Parma Public Housing Agency
Proposal Number: Q0099081.1

COMPANY INFORMATION

Allied World Surplus Lines Insurance Company (AWSLIC) is a domestic stock insurer domiciled in the state of Arkansas and is a subsidiary of Allied World Assurance Company Holdings AG. AWSLIC maintains an "A (Excellent)" rating by A.M. Best and is assigned a Financial Category size by A.M. Best of "XV (\$2 billion or greater).

C&S Specialty Underwriters, LLC (the Company) serves as a Program Manager for Allied World Surplus Lines Insurance Company which includes certain responsibilities for underwriting, policy administration and billing. While the Company receives compensation from Allied World Surplus Lines Insurance Company for these services, it may charge the Applicant a Policy Service Fee for services rendered on behalf of AWSLIC in connection with this Insurance Proposal. Any such Policy Service Fee is in addition to the policy premium and is clearly identified in this Insurance Proposal. By accepting this Insurance Proposal, the Applicant agrees to pay this Policy Service Fee and understands that it is non-refundable. The Company is not acting in the capacity of a surplus lines broker or retail agent, nor does it represent, act on behalf of or provide any services to any surplus lines broker, retail agent or applicant. The Company is not responsible for the filing, collection or payment of any surplus lines tax or fees and does not guarantee, or make any representation in regard to, and expressly disclaims responsibility for, the financial condition of insurance companies with which coverage is placed or for the sufficiency or adequacy of coverage for any applicant.

Rockville Risk Management Associates (Rockville) is the third party administrator for AWSLIC and is responsible for handling of all claims for AWSLIC. Rockville is one of the leading providers of insurance claims administration and independent adjusting services with dedicated professionals experienced in the handling of environmental and construction liability claims

CERTIFICATES OF INSURANCE

The Company will not review, accept or retain copies of any certificates of insurance or additional insured endorsements prepared by anyone. Moreover, the Company will not be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the Company but where the authorized wording is amended or revised in any way, without the prior written approval of the Company.

The Company will not be responsible for any liability resulting from the issuance of any certificate of insurance. In no event does anyone have the authority to issue certificates of insurance which include any addition and/or modification of the policy terms and conditions, additional named insureds, waivers of subrogation or any special additional coverages unless expressly approved in writing by the Company.

Copies of all certificates of insurance and any endorsement sent with those certificates must be retained by the issuer for the time period required by state law or regulation in the state in which the certificate of insurance is issued, but in no event less than five years from the date indicated on the certificate.

Unless this policy is physically endorsed, the issuance of a certificate of insurance does not amend, extend, or alter the coverage provided by this policy or change the person(s) or entities to whom such coverage is afforded under this policy. No one without the express written authority of the Company has the authority to issue certificates of insurance or endorsements of any kind including without limitation additional insured endorsements, which include any addition and/or modification of this policy's terms and conditions, or purport to add any additional insured(s) and/or change any term, condition, or provision of this policy unless such policy changes or modifications are first approved by the Company and a policy endorsement is issued by the Company and signed by an officer of the Company.

INSURANCE PROPOSAL
 Proposal Date: 05/23/2022
 Applicant: Parma Public Housing Agency
 Proposal Number: Q0099081.1

Applicant Name & Mailing Address:
Parma Public Housing Agency
1440 Rockside Road
Suite 306
Parma, OH 44134-2774

Proposed Policy Period: From 07/01/2022 to 07/01/2023 at 12:01 A.M. Standard Time at your mailing address shown above.

INSURANCE CARRIER
Allied World Surplus Lines Insurance Company

COVERAGES		
Coverage	Coverage Type	Retroactive Date (if Claims Made)
Contractor's Pollution Liability	Claims Made	12/01/2017
Lead Inspector's Professional Liability	Claims Made	07/01/2006

LIMITS OF INSURANCE	
Contractor's Pollution Liability	
Each Occurrence Limit*	\$1,000,000
Aggregate Limit	\$1,000,000
Environmental Consultant's Professional Liability	
Each Occurrence Limit*	\$1,000,000
Aggregate Limit*	\$1,000,000
*These limits are included within and shall reduce the Contractor's Pollution Liability Aggregate Limit	

RETENTION	
Contractor's Pollution Liability*	\$5,000 Self-Insured Retention Each Pollution Incident
Lead Inspector's Professional Liability*	\$5,000 Self-Insured Retention Per Claim
*Includes loss adjustment expenses	

PREMIUM	
Policy Premium	\$4,382.00
Minimum Policy Premium	\$4,382.00
Minimum Earned Premium*	\$1,170.50
IL 00005 00 06 20 - Exclusion of Other Acts of Terrorism Cap on Losses From Certified Acts of Terrorism*	\$47.00
Total Policy Premium	\$4,729.00
*Fully earned at policy inception	
Auditable	No

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OTHER FEES & CHARGES	
Policy Service Fee*	
Total Fees and Charges	\$150.00
*Non-Refundable and due in full at binding	\$150.00

TOTAL (including all fees and charges):	\$4,879.00
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This proposal includes a premium charge and insurance coverage, subject to all of the terms and conditions of the policy, for certain losses arising from a Certified Act of Terrorism, as defined in Section 102(1) of the Terrorism Risk Insurance Act, as amended. Should the applicant wish to reject the terrorism coverage provided, you will need to inform us in writing prior to binding and provide us with a signed and completed Policyholder Disclosure Statement Under the Terrorism Risk Insurance Act form completed by the named insured prior to binding.

PREMIUM RATES			
Rate Basis	Exposure	Composite Rate	Policy Premium
Units	802	FLAT	\$4,682.00
*Rate is per Unit of Exposure			

All rates are based on the rating basis shown above and no deductions of any kind are allowed. All premiums applicable to premium bearing endorsements and all other fees and charges are fully earned and do not apply toward the policy premium, minimum policy premium or minimum earned premium. All premiums applicable to additional coverage(s) as required during the policy period will be invoiced separately and will not apply toward the minimum earned or estimated policy premiums. The collection, filing and payment of all taxes and fees shall be the sole responsibility of the Broker and not included as part of the premiums set forth above.

FORMS AND ENDORSEMENTS	
CSCP 01033 00 08 16	Schedule of Forms and Endorsements
CSCP 01002 00 08 16	Contractor's Pollution Liability Policy (Claims Made)
CSCP 02224 00 08 17	Lead Inspectors Professional Liability
IL 00005 00 06 20	Exclusion of Other Acts of Terrorism Cap on Losses From Certified Acts of Terrorism
IL P 001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
CSCP 01006 00 08 16	Policy Premium Endorsement
CSCP 01007 00 08 16	Named Insured Endorsement
CSCP 01012 00 08 16	Non Owned Disposal Site Coverage Endorsement (Blanket)
CSCP 01013 00 08 16	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
CSCP 01016 00 08 16	Additional Insured Owners, Lessees or Contractors - Completed Operations
CSCP 01020 00 08 17	Anti-Stacking Limitation
CSCP 01037 00 08 17	Recording and Distribution of Material or Information in Violation of Law Exclusion
CSCP 01100 00 08 16	Self Insured Retention Endorsement
CSCP 01108 00 08 16	Fungi Exclusion
CSCP 01118 00 08 16	Your Work Definition Amendatory Endorsement
CSCP 01119 00 08 16	Defense Inside Endorsement
CSCP 01122 00 08 16	Fracking Exclusion
CSCP 01125 00 08 16	Exterior Insulation Finish System (EIFS) Exclusion
CSCP 01139 00 02 21	Notices to the Company (Amendment of Declarations)
CSCP 02008 00 08 17	Additional Insured Owners, Lessees Or Contractors - Scheduled Person Or Organization
CSCP 02015 00 08 17	Waiver of Transfer of Rights of Recovery Against Others To Us

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ENDORSEMENTS NOTES

CSCP 01007 00 08 16 - Named Insured Endorsement - Parma Public Housing Agency, Effective on 07/01/2022

CSCP 01012 00 08 16 - Non Owned Disposal Site Coverage Endorsement (Blanket) - Disposal Site(s): Any location not owned, rented, or operated by you or an affiliate of yours, to which you or others working directly or indirectly on your behalf arrange for or send waste or materials for treatment, recycling, reclamation, storage or "disposal" that is licensed and/or certified by the respective controlling local, state and federal agency(s) and/or authorities to accept the sent materials and documents the receipt of each shipment of waste or materials using written and signed manifests, provided at the time waste or materials were arranged for or sent to the "disposal" site or the effective date of the Policy, whichever is later, such location was not:

- a. Listed, proposed for listing or formerly listed on the federal National Priorities List, State equivalent, or local equivalent list;
- b. Subject to an information request under Section 104 (e) of the Comprehensive Environmental Response, Compensation, and Liability Act or Section 3007(b) of the Resource Conservation and Recovery Act, or a state or local equivalent request;
- c. Subject to a consent order, consent decree or corrective action under "environmental laws"; or
- d. Owned or operated by a bankrupt or financially insolvent entity.

CSCP 01016 00 08 16 - Additional Insured Owners, Lessees or Contractors - Completed Operations - Additional Insured: Any person or organization with whom the Named Insured enters into a written contract that requires them to be named as an Additional Insured and the contract is fully executed prior to the start of the project.

Location(s) of Covered Operation: Where specified by written contract fully executed prior to the start of the project.

CSCP 01118 00 08 16 - Your Work Definition Amendatory Endorsement - Your Work: Visual Assessment which means the visual identification, performed by your employee who has successfully completed HUD Visual Assessment Training of lead-based paint at a public housing unit constructed prior to 1978 that is owned and operated by you during the policy period, or a Section 8 HUD housing unit overseen by you during the policy period. Visual assessment does not include environmental sampling, report preparation or laboratory analysis.

CSCP 02008 00 08 17 - Additional Insured Owners, Lessees Or Contractors - Scheduled Person Or Organization - Additional Insured: Any person or organization to whom the Named Insured has agreed by a fully executed written contract that such person or organization be added as an Additional Insured, but only with respect to "your work" performed by or on behalf of the Named Insured and only with respect to covered "professional services" taking place subsequent to the making of such fully executed written contract otherwise covered by this insurance.

Location(s) of Covered Operation: Where specified by fully executed written contract prior to the rendering of covered "professional services".

CSCP 02015 00 08 17 - Waiver of Transfer of Rights of Recovery Against Others To Us - Name of Person or Organization: Any person or organization to whom the Named Insured has agreed by a fully executed written contract entered into prior to the performance of covered "professional services" to waive your right of recovery against such person or organization.

WARRANTIES/REQUIREMENTS

Please be advised that coverage has been proposed conditional upon receipt, review, verification and approval of the following items. For items marked Pre-Bind, such items are due prior to binding. For items marked "Post-B nd" the items are due within the number of days from the policy effective date indicated for each item:

- Pre-Bind: Signed Terrorism Accept/Reject Form (IL 00003 00)

**POLICYHOLDER DISCLOSURE STATEMENT
UNDER THE TERRORISM RISK INSURANCE ACT**

The Insured is hereby notified that under the federal Terrorism Risk Insurance Act, as amended, (the "Act"), the Insured has a right to purchase insurance coverage for losses arising out of an Act of Terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The Insured should read the Act for a complete description of its coverage. The decision to certify or not to certify an event as an Act of Terrorism covered by this law is final and not subject to review.

The Insured should know that where coverage is provided by this policy for losses caused by a Certified Act of Terrorism may be partially reimbursed by the United States Government under a formula established by federal law. However, the insured's policy may contain other exclusions that might affect coverage, such as an exclusion for nuclear events. Under the formula, the United States generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible that must be met by the Insurer, and which deductible is based on a percentage of the Insurer's direct earned premiums for the year preceding the Act of Terrorism.

Be advised that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap on all losses resulting from Certified Acts of Terrorism. If aggregate insured losses attributable to Certified Acts of Terrorism exceed \$100 billion in a calendar year the United States Government shall not make any payment for any portion of the amount of such loss that exceeds \$100 billion. If aggregate insured losses attributable to Acts of Terrorism exceed \$100 billion in a Program Year and the Insurer has met its deductible under the Act, the Insurer shall not be liable for payment of any portion of the losses that exceeds \$100 billion, and in such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Coverage for "insured losses" as defined in the Act is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than Acts of Terrorism.


Please indicate the selection of the Insured below.

☐ The Insured hereby elects to purchase coverage in accordance with the Act for a premium of \$ _____

☒ The Insured hereby rejects coverage and accepts reinstatement of the exclusion in accordance with the Act.


Signature of the Insured


Print/Title


Date



HAI Group

INSURANCE INVOICE

Policy Number: 5055015905
Invoice Date: 05/31/2022

Ms. Priscilla Pointer-Hicks
Executive Director
Parma Public Housing Agency
1440 Rockside Road, Suite 306
Parma, OH 44134

Invoice Number: HP0C113417
Program Year: 36
Customer ID: #153134
Invoice Due Date: Due Upon Receipt
Amount Due: **\$5,032.00**
Amount Enclosed:

Housing Insurance Services, Inc
P.O. Box 22144

Please return this portion with your payment to: New York, NY 10087-2144

Please tear at perforation above

Policy Number: 5055015905

Invoice Number: HP00113417

<u>Coverage</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Amount Due</u>
Alt - Section 8 Lead Liability	07/01/2022	07/01/2023	\$4,682.00
Policy Fee	07/01/2022	07/01/2023	\$350.00
		Total Amount Due:	\$5,032.00

THANK YOU FOR YOUR BUSINESS

Please make check payable to: Housing Insurance Services, Inc.

For invoice, coverage or premium questions, please contact Member Services at (800) 873-0242 ext. 291

PLEASE PLACE INVOICE NUMBER ON YOUR CHECK